

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 23-OCT-2016		TIME 10:01:00	2. ADDRESS OF OCCURRENCE 5924 S PRINCETON AVE CHICAGO, IL 60621			3. LOCATION CODE 303	4. BEAT/OCCUR 0711	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	6. POSITION 9161	7. LAST NAME CRAIG	8. FIRST NAME JOHN M	9. STAR NO. 7027	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE BLK	12. AGE 600	13. HT. 233
	15. DATE OF APPT. 29-OCT-2007	16. EMPLOYEE NO. 007	17. UNIT & BEAT OF ASSIGNMENT 0712	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	21. LAST NAME HARRIS	22. FIRST NAME DEJUAN	23. M.I. 	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 17-OCT-1994	27. HT. 	28. WT.
	29. ADDRESS 7631 S UNION AVE CHICAGO, IL 60620	30. TELEPHONE NO. 	31. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. OTHER (SPECIFY) FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY)	33. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	36. BY WHOM? 	37. CONDITION 	<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
	38. CHARGES PLACED 720 ILCS 5.0/24-1.6-A-1, 725 ILCS 5.0/110-3, 7-24-099-A, 720 ILCS 5.0/24-1.1-A	39. CB NO. 	40. DNA	41. CB NO. 19388518	42. IR NO. 	43. DNA		
	40. SUBJECT'S ACTIONS SUBJECT'S ACTIONS	41. PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	42. ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	43. ASSAULT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>OFFENDER POINTED FIRE</u> PERCEIVED AS _____	44. ASSAULT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	45. ASSAULT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER <u>OFFENDER POINTED FIREARM AT R</u> PERCEIVED AS _____		
	46. MEMBER'S RESPONSE MEMBER'S RESPONSE	47. MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____	48. ACTIVE RESISTER OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____	49. ASSAULT:ASSAULT ELBOW STRIKE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	50. ASSAULT:BATTERY FIREARM <input checked="" type="checkbox"/> OTHER <u>DISCHARGED WEAPON AT C</u>			
	51. WEAPON DISCHARGE INCIDENT WEAPON DISCHARGE INCIDENT	52. WEAPON TYPE 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	53. INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>	54. LIGHTING CONDITIONS 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input type="checkbox"/>	55. WEATHER CONDITIONS CLEAR			
	56. WEAPON SERIAL NO. (Include Letters) LCD661	57. WEAPON REG. NO. R006605S	58. CHICAGO GUN REG. NO. 77193095	59. PROPERTY INVENTORY NO. 	60. TYPE OF AMMUNITION USED 9MM	61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	62. TOTAL NO. OF SHOTS MEMBER FIRED 6	
63. WEAPON CERTIFICATE NO. 	64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	66. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0	67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)				
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 0	70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO						
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
75. EVENT NO. 1629705289		76. R.D. NO. HZ4485573						

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE</p> <p>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC</p> <p>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC</p> <p>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>		
	75. EVENT NO. 1629705289		
SIGNATURES	<p>78. ADDITIONAL INFORMATION R/O CURBED VEHICLE FOR MISSING FRONT PLATE, OFFENDER FLED FROM VEHICLE, R/O GAVE CHASE. OFFENDER POINTED BLUE STEEL 9MM HIGHPOINT AT R/O. R/O IN FEAR OF RECEIVING GREAT BODILY HARM DISCHARGED WEAPON AT OFFENDER.</p>		
	76. R.D. NO. HZ485573		
<p>79. REPORTING MEMBER (Print Name) CRAIG, JOHN M 23-OCT-2016 15:46:43</p> <p>STAR/EMPLOYEE NO. 7027</p> <p>SIGNATURE </p> <p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p> <p>80. REVIEWING SUPERVISOR (Print Name) BUTLER, DARWIN E</p> <p>STAR NO. 1683</p> <p>SIGNATURE </p> <p>DATE REVIEWED TIME 23-OCT-2016 15:54:26</p>			

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject currently in surgery

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#1619. As of this report no further action is required by the undersigned. Investigation into this incident is ongoing by Area South Detectives and appropriate charges have not yet been determined. Based on the facts available at this time, it is the preliminary finding that Officer Craig acted in compliance with department policy.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082731 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

PENA, MARIA C

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME

23-OCT-2016 16:49:33